## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

INDACTIO

									10009	510				
_		CLAIMS A	S FILED (Colum		l (Colu	SM. TYF		NTITY	OR		R THAN ENTITY			
TOTAL CLAIMS			i43				F	ATE	FEE	٦¨	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BA	BASIC FEE		OR	BASIC FEE			
TOTAL CHARGEABLE CLAIMS			i43 minus 20=		* 123		×	\$ 9=		OR	X\$18=	2214		
INDEPENDENT CLAIMS			13 m	ninus 3 =	* 10			X42=		1	X84=	840		
M	JLTIPLE DEPE	NDENT CLAIM P						+	OR	A04=	340			
* If the difference in column 1 is less than zero, enter					r "0" in d	column 2	<u> </u>	40=	<b></b>	OR	+280=			
CLAIMS AS AMENDED - PART II								TAL		OR	TOTAL	3,794		
(Caluma 4)							SM	SMALL ENTITY OR				OTHER THAN SMALL ENTITY		
Г		CLAIMS		HIGH			7				DIVIALL			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total Independent	*	Minus	**		=	L X	9=		OR	X\$18=			
				01.4114	= =	X	12=		OR	X84=				
<b>L</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							40=		OR	+280=			
								OTAL		┨┈╏	TOTAL			
		ADDI	FEE		OR ,	ADDIT. FEE								
		(Column 1) CLAIMS		(Colun		(Column 3)								
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X\$	9= .		OR	X\$18=			
AM	Independent	* ENTATION OF MU	Minus	***	01.4114	[=	X4	2=		OR	X84=			
		TATION OF MIC	CHPLE DE	PENDENT	CLAIM		+14	0=		OR	+280=			
											TOTAL DDIT. FEE			
		(Column 1)		(Colum	n 2)	(Column 3)	ADDIT				DDN. FEEL			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RA	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
Š.	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	FEE		
AME	Independent		Minus	***		2-	X42			r				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						_^-			OR	X84=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										+280=				
***!	the "Highest Nur the "Highest Nur	mber Previously Pai mber Previously Pai mber Previously Paid	d For" IN THIS id For" IN THIS	S SPACE is I	less than	20, enter "20."	ADDIT.			OR AL	TOTAL DDIT. FEE			
			-	•		J	- w	- appi	Abuse nox	III COIUI	mt t.	1		